

Facility Name: _____

Department / Area: _____

Station / Kit ID: _____

Station Type: Wall Station Mobile Cart Personal Kit Department Kit

Primary Use Area / Machines Served: _____

Planner Date: _____

Planned By: _____

Station/Kit Location & Access

Physical Location (wall, aisle, room):

Accessibility:

- Unrestricted
- Supervisor-Controlled
- Authorized Employees Only

Primary users:

- Maintenance
- Production
- Contractors
- Other: _____

Serves Which Machines or Areas:

Device Alignment and Quantity Planning

Electrical Lockout Devices

Device Type	Assigned to	Required	Available
Circuit breaker lockout – single Pole	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Circuit breaker lockout – multi-pole	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Universal breaker lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plug lockout - standard	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plug lockout - oversized	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			

Notes:

Valve Lockout Devices

Device Type	Assigned	Required	Available
Gate valve lockout – small	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gate valve lockout – medium	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gate valve lockout - large	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ball valve lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Butterfly valve lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes:

Pneumatic Devices

Device Type	Assigned	Required	Available
Pneumatic fitting lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Line lockout	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes:

Mechanical & Stored Energy Controls

Device Type	Assigned to	Required	Available
Blocking devices	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pins/chains	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			

Notes:

Lockout Hardware & Accessories

Device Type	Assigned to	Required	Available
Safety padlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lockout hasps	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Group lock box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lockout tags	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			

Notes:

Visual Layout Planning

Use this section to sketch or describe physical placement

Station Orientation (left-to-right, top-to-bottom)

- High-use items placed at eye level
- Labels and silhouettes planned
- Color-coding used

Sketch:

Gap Analysis

- Quantities insufficient
- Devices missing
- Station overcrowded
- Devices not standardized
- Relocation or redesign needed

Action Required:

Alignment & Review

- Aligned with Energy Source Mapping Worksheet
- Aligned with Device Selector Checklist
- Aligned with Machine-Specific LOTO Procedures

Approval & Sign-Off

Role	Printed Name	Signature	Date
Authorized Employee			
Supervisor			
Safety/EHS			